

mediven[®]

flat-knit lower extremity & circaid profile-

Custom Order Form



Fax order to 1-888-840-0939 email customs@mediusa.com

Customer Name _____

Account # _____

P.O.# _____

Patient Name _____

Date Measured _____

Measured By _____

Exact Reorder Number _____

Bill to: _____

Ship to: _____

Notes: _____

| Circumferences c – left | | Circumferences c – right | |
|-------------------------|----------------------|--------------------------|------------------|
| Skin** | Tension measurements | Tension measurements | Skin** |
| | cT | | |
| | cH | | |
| | cK | | |
| | cG ^P | | cG ^P |
| | cF ^P | | cF ^P |
| | cE ^P | | cE ^P |
| | cD ^P | | cD ^P |
| | cC ^P | | cC ^P |
| | cB1 ^P | | cB1 ^P |
| | cB ^P | | cB ^P |
| | cY ^P | | cY ^P |
| | cA ^P | | cA ^P |

Lengths ℓ (Taken along the contour; all landmarks from floor)
(length of T[†] required for thigh high with waist attachment)

| | | |
|------------------------|-----------------------|--|
| ℓ K1T | ℓ T [†] | ℓ K2T |
| ℓ H | | |
| ℓ K1 | | ℓ K2 |
| left | right | |
| ℓ G ^P | | ℓ E1 Pit of knee (1cm below E) |
| ℓ F ^P | | |
| ℓ E ^P | | left right |
| ℓ D ^P | | |
| ℓ C ^P | | |
| ℓ B1 ^P | | |
| ℓ B ^P | | |

Required for accessories
"E knitting mark" or
"flexure functional
zone knee".

WEIGHT BEARING

| Left Foot | Right Foot |
|---------------------------------|---------------------------------|
| ℓ Ai ^P _____ cm | ℓ Ai ^P _____ cm |
| ℓ A ^P _____ cm | ℓ A ^P _____ cm |
| ℓ Z ^P _____ cm | ℓ Z ^P _____ cm |

*Requires 5 additional working days for production. **Skin measurements optional.
*Measurement required for circaid profile

| Material | Compression CCL 1 2 3 4 | Standard colors | Trend colors* | Quantity | Foot |
|---|--|--|--|--|--|
| <input type="checkbox"/> mediven mondi 350 (CCL 1,2,3) <input type="checkbox"/> mediven cosy 450 (CCL 1,2,3) <input type="checkbox"/> mediven 550 (CCL 1,2,3,4) | Panty section <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right leg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 = 18-21 mmHg 2 = 23-32 mmHg 3 = 34-46 mmHg 4 = 49-60 mmHg | <input type="checkbox"/> Sand <input type="checkbox"/> Caramel <input type="checkbox"/> Black <input type="checkbox"/> Cashmere <input type="checkbox"/> Navy <input type="checkbox"/> Anthracite | <input type="checkbox"/> medi Magenta <input type="checkbox"/> Blue-Jeans <input type="checkbox"/> Mango-yellow <input type="checkbox"/> Avocado-green <input type="checkbox"/> Grey | <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Pair _____ | <input type="checkbox"/> closed toe <input type="checkbox"/> varus toe ease zone (except mondi 350) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> netting (550 only) <input type="checkbox"/> open toe <input type="checkbox"/> hallux ease (except mondi 350) <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> with seamless toe cap |

| Variations | Proximal border | Accessories | Waist band | Gusset | Suspensory |
|--|--|---|--|--|---|
| <input type="checkbox"/> below knee (AD) <input type="checkbox"/> thigh-length (AG) (K2 required) <input type="checkbox"/> pantyhose (AT) <input type="checkbox"/> men's leotard (ATH) <input type="checkbox"/> maternity panty (ATU) <input type="checkbox"/> one-legged panty (ATE) <input type="checkbox"/> BT / B1T / CT / ET / FT | <input type="checkbox"/> standard oblique <input type="checkbox"/> steep oblique <input type="checkbox"/> straight | <input type="checkbox"/> Extension to sole of foot <input type="checkbox"/> Y knitting mark at the heel <input type="checkbox"/> E knitting mark at the knee <input type="checkbox"/> flexure functional zone knee (except mondi 350) <input type="checkbox"/> extra leg length (K1 needed) | <input type="checkbox"/> perforated tape (adjustable) <input type="checkbox"/> waistband <input type="checkbox"/> knitted border <input type="checkbox"/> Velcro <input type="checkbox"/> silicone dot topband <input type="checkbox"/> Rose 5 cm solid <input type="checkbox"/> Sensitive 5 cm microdot | <input type="checkbox"/> tricot (standard) _____ length cm <input type="checkbox"/> netting _____ <input type="checkbox"/> compressive _____ length cm <input type="checkbox"/> Gluteal shaper (except mondi 350) | <input type="checkbox"/> tricot (standard) _____ width cm <input type="checkbox"/> netting _____ <input type="checkbox"/> compressive _____ width cm Zipper from landmark _____ to landmark _____ <input type="checkbox"/> anterior <input type="checkbox"/> posterior <input type="checkbox"/> medial <input type="checkbox"/> lateral |

| Silicone Topband |
|---|
| <input type="checkbox"/> wide dot 5 cm <input type="checkbox"/> narrow dot 2.5 cm <input type="checkbox"/> no topband <input type="checkbox"/> Motif 5 cm beaded <input type="checkbox"/> Sensitive 5 cm microdot <input type="checkbox"/> Rose 5 cm solid |

| Other accessories | | |
|--|---|---|
| Position | Topband piece | Anti-slip dots Fixed size |
| <input type="checkbox"/> along the oblique border <input type="checkbox"/> lengthways over E <input type="checkbox"/> rear over seam <input type="checkbox"/> on the sole | <input type="checkbox"/> 15 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 8 x 5 cm <input type="checkbox"/> 5 x 5 cm | <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 10 x 4.5 cm <input type="checkbox"/> 6 x 4.5 cm |

| |
|--|
| <input type="checkbox"/> silk lining material Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm |
| <input type="checkbox"/> Lymphpad Location: _____ (Please include drawing in Special Requests section) width _____ cm length _____ cm |
| <input type="checkbox"/> Pocket (Please specify/draw in Special Requests section) _____ length _____ width |

| Silver | <input type="checkbox"/> "Y" to C <input type="checkbox"/> "Y" to D <input type="checkbox"/> "Y" to G <input type="checkbox"/> "A" to C <input type="checkbox"/> "A" to D <input type="checkbox"/> "A" to G <input type="checkbox"/> left <input type="checkbox"/> right |
|--------|--|
|--------|--|

| Design-Elements* (single-color pattern) | <input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic |
|---|---|
|---|---|




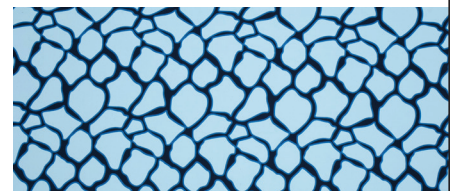
| Fashion-Elements* (two-toned pattern) | <input type="checkbox"/> Stripes <input type="checkbox"/> Nature <input type="checkbox"/> Dots <input type="checkbox"/> Classic Not available in mondi 350 |
|---------------------------------------|---|
|---------------------------------------|---|

| Crystal Motifs: | Location <input type="checkbox"/> Left ankle <input type="checkbox"/> Right ankle Pattern <input type="checkbox"/> Crystal <input type="checkbox"/> Pearl <input type="checkbox"/> Roségold Crystal Motifs cannot be combined with Design Elements or Fashion Elements. |
|-----------------|---|
|-----------------|---|

| Levamed | <input type="checkbox"/> left <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable <input type="checkbox"/> right <input type="checkbox"/> medial <input type="checkbox"/> lateral <input type="checkbox"/> permanent <input type="checkbox"/> removable |
|---------|---|
|---------|---|

Special Requests:

circaid® profile

| Garment options | | Oversleeve colors | |
|--|--|--|---|
| Indicate sleeve length: <input type="checkbox"/> A-C (default) <input type="checkbox"/> A-F <input type="checkbox"/> B1-E <input type="checkbox"/> A-E <input type="checkbox"/> B1-D <input type="checkbox"/> A-D <input type="checkbox"/> B1-C <input type="checkbox"/> A-C <input type="checkbox"/> C-G <input type="checkbox"/> A-B1 <input type="checkbox"/> C-F <input type="checkbox"/> A-B <input type="checkbox"/> C-E <input type="checkbox"/> B-G <input type="checkbox"/> C-D <input type="checkbox"/> B-F <input type="checkbox"/> D-G <input type="checkbox"/> B-E <input type="checkbox"/> D-F <input type="checkbox"/> B-D <input type="checkbox"/> D-E <input type="checkbox"/> B-C <input type="checkbox"/> E-G <input type="checkbox"/> B-B1 <input type="checkbox"/> E-F <input type="checkbox"/> B1-G <input type="checkbox"/> F-G <input type="checkbox"/> B1-F | Indicate side: <input type="checkbox"/> Left <input type="checkbox"/> Right Options: <input type="checkbox"/> No lateral rise <input type="checkbox"/> Extend foot to end of toes <input type="checkbox"/> Non-skid pad on sole (applied to oversleeve only) <input type="checkbox"/> Fused EZ-on system <input type="checkbox"/> High-energy oversleeve <input type="checkbox"/> EZ-open panel |  midnight (default) Quantity _____ |  magenta Quantity _____ |
| | |  grey Quantity _____ |  blue giraffe Quantity _____ |

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